OR OFFICE USE ONLY UNLABELLED CROSS-SI	ONSUMER FINANCES Project (46626 ECTION COVERSHEET Fall 1989
. This coversheet generated by:	
. Green "Panel/X-Section Coversheet	Interviewer's Label
An HU structure added to Listing Sheet and selected for this study	Interviewer S Labet
. An Added HU found at a listed and selected Line	
ample ID is:	
. Sample AddressUnique Address or Description:	
Sample Location:	
3. Your IW No	7. Total Calls (Call # of Final Call)
4. Length of Iw(Minutes)	8. Date of Final Result
5. Length of Edit(Minutes)	9. Final Result Code
6. Pers. Ltr Req.? 5. NO 1. YES>(Date)	9a. Mode of Iw: 1. F-t-F 2. TEL
REMEMBER TO COMPLETE OBSERVAT	ION SECTION AND THUMBNAIL SKETCH
ER: COMPLETE ITEM 10 BELOW IF BOX B IS MARKED AT ITEM O	
. THE ADDRESS OR DESCRIPTION ON THE SAMPLE LABEL ABOVE WA	S FOUND TO HAVE: (CHECK ONE)
	> Do not attempt any interviews. Obtain HU locations within the structure and call your supervisor.
location of HU 1 in the structure:	dress on the label the following description about the
The unique and complete address or description for description and location of HU in the structure:	or each of the additional HU's is (use street address/
HU 2:	
HU 3:	
HU 4:	
	itianal IIIIa. Attempt on interview at III 1 and at each of the
	n a sample ID for each of the additional HU's. Record the Box O of the unlabelled coversheet for each added HU(s).
additional HU's. Call your supervisor later to obtain ID's on the respective lines above. Enter the ID in B Be sure to add these ID's to your SAS. Hello, my name is, and I work for The United identification (SHOW ID). The University of Michig	n a sample ID for each of the additional HU's. Record the Box O of the unlabelled coversheet for each added HU(s). versity of Michigan's Survey Research Center. Here is my an is conducting a study throughout the country and we are is in the United States. This address was selected as part of
additional HU's. Call your supervisor later to obtain ID's on the respective lines above. Enter the ID in B Be sure to add these ID's to your SAS. Hello, my name is, and I work for The Unitidentification (SHOW ID). The University of Michig interested in the financial situations of household	n a sample ID for each of the additional HU's. Record the Box O of the unlabelled coversheet for each added HU(s). versity of Michigan's Survey Research Center. Here is my lan is conducting a study throughout the country and we are is in the United States. This address was selected as part of
additional HU's. Call your supervisor later to obtain ID's on the respective lines above. Enter the ID in B Be sure to add these ID's to your SAS. Hello, my name is, and I work for The United identification (SHOW ID). The University of Michig interested in the financial situations of household study's sample, and I may need to interview someone CALL RECORD CALL RECORD DAY OF TIME IWER CONTACT WITH APPT. MADE APPT.	n a sample ID for each of the additional HU's. Record the Box O of the unlabelled coversheet for each added HU(s). versity of Michigan's Survey Research Center. Here is my lan is conducting a study throughout the country and we are is in the United States. This address was selected as part of here. TURN TO P. 8, ITEM 13, HOUSEHOLD LISTING. (h) (j) PT. KEPT PROVIDE A COMPLETE DESCRIPTION OF CONTACT OR ATTEMPT
additional HU's. Call your supervisor later to obtain ID's on the respective lines above. Enter the ID in B Be sure to add these ID's to your SAS. Hello, my name is, and I work for The United identification (SHOW ID). The University of Michig interested in the financial situations of household study's sample, and I may need to interview someone CALL RECORD CALL RECORD DAY OF TIME IWER CONTACT WITH APPT. MADE APPT.	n a sample ID for each of the additional HU's. Record the Box O of the unlabelled coversheet for each added HU(s). versity of Michigan's Survey Research Center. Here is my an is conducting a study throughout the country and we are is in the United States. This address was selected as part of here. TURN TO P. 8, ITEM 13, HOUSEHOLD LISTING.

zī. in	TERVIEWER CHECKPOINT: RESPONDENT: EMPLOYER/PENSION/SOCIAL SECURITY NUMBER
	1. R IS COVERED BY A PENSION FROM CURRENT JOB (BOX 1 CHECKED AT Y42) 2. ALL OTHERS, (BOX 2 CHECKED AT Y42)>GO TO Z3BOTTOM OF THIS PAGE
Z2.	I need to get just a few more pieces of information before I leave. In order to obtain the latest available information about the retirement benefits that peopl with work experience like yours are entitled to, we would like to contact the employer who will be providing your <u>primary</u> pension. For this purpose, we need know the name and address of the employer, or other organization, that provides <u>primary</u> pension you expect to receive.
Z2a.	EMPLOYER NAME:
	ADDRESS:
Z2b.	PENSION PROVIDER (IF DIFFERENT):
	ADDRESS: / CITY, STATE AND ZIP CODE
Z2c.	REFUSED (EXPLAIN):
Z2d.	What is the official title of the job from which you expect to receive your primpension? OFFICIAL JOB TITE
Z2e.	In order to get complete information on the adequacy of pension and retirement income and to examine health care benefit information of households in our sampl we would like to know your Social Security Number(what is your Social Securit Number?)
	SOCIAL SECURITY NUMBER
Z2f.	REFUSED (EXPLAIN):
	NEXT PAGE, Z4
Z3.	The Survey Research Center would like to obtain the latest available information about the retirement and health benefits that you and others like you can expect receive. For this reason, we would like to know your Social Security Number (what is your Social Security Number)?
	SOCIAL SECURITY NUMBER
Z3a.	REFUSED (EXPLAIN):

Z4.	INTERVIEWER CHECKPOINT: SPOUSE: EMPLOYER/PENSION/SS#
	3. R IS NOT MARRIED (BOX 3 CHECKED AT Y43)>NEXT PAGE, R1
	4. S IS COVERED BY A PENSION FROM CURRENT JOB (BOX 4 CHECKED AT Y43)
	5. ALL OTHERS (BOX 5 CHECKED AT Y43)>GO TO Z6BOTTOM OF THIS PAGE
25.	We would also like to obtain information about the retirement benefits that people with work experience like your (husband/wife) are entitled to receive. (In order to do this, we would like to contact the employer who will be providing (his/her) primary pension.) For this purpose, we would like to know the name and address of the employer, or other organization, that provides the primary pension that (he/she) expects to receive.
25a.	EMPLOYER NAME:
	ADDRESS:/
Ζ5Ъ.	PENSION PROVIDER (IF DIFFERENT):
	ADDRESS:/
Z5c. Z5d.	REFUSED (EXPLAIN): What is the official title of the job from which (he/she) expects to receive (his/her) primary pension?
٠	OFFICIAL JOB TITLE
Z5e.	In addition, to get complete information about your (husband's/wife's) retirement and health benefits, we would like to know (his/her) Social Security Number(what is [his/her] Social Security Number?)
	SOCIAL SECURITY NUMBER
Z5 f .	REFUSED (EXPLAIN):
	NEXT PAGE, R1
Z6.	(The Survey Research Center would like to obtain the latest available information about the retirement and health benefits that your [husband/wife] and others like [him/her] can expect to receive.) (For this reason,) we would like to know your (husband's/wife's) Social Security Number (what is [his/her] Social Security Number)?
	SOCIAL SECURITY NUMBER
26a.	REFUSED (EXPLAIN):

FIRST

RECONTACT INFORMATION

R1.	Thank you very much for this interview. We value people like you who are willing to contribute their experiences to our research. We will be sending you a report of some of our findings as a way of expressing our appreciation for your cooperation. Our Regional Supervisor may also be calling or writing you to verify this interview. For these reasons I would like to ask for your name, address and telephone number. (FOR WOMEN OBTAIN THEIR FIRST NAME, NOT THEIR HUSBAND'S FIRST NAME.)
Rla.	What is your <u>full legal</u> name as it appears on official documents such as your voter's registration, Social Security Card, or driver's license? (IWER: VERIFY SPELLING OF R'S FULL NAME AND WRITE CLEARLY.)
	TITLE: MR MRS MISS MS DR REV NAME REFUSED
	FIRST NAME MIDDLE LAST NAME INITIAL
Rlb.	What is your address? ADDRESS REFUSED
	STREET ADDRESS
	CITY STATE ZIP CODE
R2.	INTERVIEWER CHECKPOINT: ADDRESS AT R1b ABOVE IS:
	1. IDENTICAL TO SAMPLE 2. CORRECTED VERSION OF LABEL ADDRESS 3. DIFERENT FROM SAMPLE LABEL ADDRESS LABEL
	GO TO R4
R3.	Is this a mailing address for your home, an address you will be moving to, a relative's address, the address of a friend, a business address, or what?
	1. MAILING ADDRESS TO WHICH R IS MOVING 2. ADDRESS TO WHICH R IS MOVING 3. RELATIVE 4. FRIEND 5. BUSINESS 7. OTHER:
R4.	And, what is your telephone number?
	AREA CODE TELEPHONE NUMBER R HAS NO PHONE PHONE NUMBER REFUSED PHONE NUMBER REFUSED
	NEXT PAGE, R6
R4a.	(IF R MARRIED): What is your (husband's/wife's) full legal name?

MIDDLE INITIAL

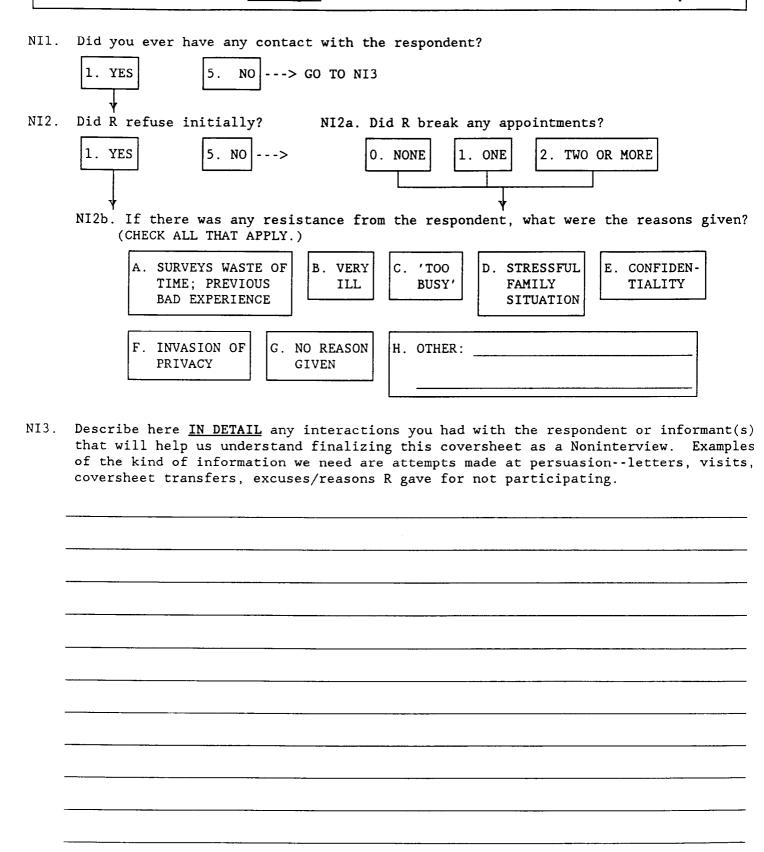
LAST

			elephone directory?	
1. YES, L	ISTED 5. NO, NO	OT LISTED 8.	NOT SURE, DON'T KNOW	
	L_	GO MO DA		
*		GO TO RE)	
R5a. Is yo	our phone listed in	n your name?		
1. YI	5. NO>		ume is the phone listed? (W this person to you?)	hat
		NAME	RELATIONSH	IP
+			V	
Do you have times of th		residence or som	newhere else you live durin	g differe
1. YES		sh to contact you address and phone	at your other residence.	May I
5. NO			ADDRESS R	EFUSED
	STREET AI	ODRESS		
	CITY		STATE ZI	P
	(AREA CODE	E) NUMBER	R HAS NO PHONE PHONE	REFUSED
name, addre	ess, and telephone	number of a clos	ontacting you, could you g e friend or relative who w person's relationship to y	ill know
			RELATIONSHIP TO R:_	
NAME:				
			TELEPHONE:	
ADDRESS:				
ADDRESS:	ED <u>ANY</u> RECONTACT IN		TELEPHONE:	
ADDRESS:	ED <u>ANY</u> RECONTACT IN		TELEPHONE:	
ADDRESS:	ED <u>ANY</u> RECONTACT IN		TELEPHONE:	
ADDRESS:	ED <u>ANY</u> RECONTACT IN		TELEPHONE:	

NONINTERVIEW FORM

This form <u>MUST</u> be completed for each coversheet finalized as a Noninterview.

Coversheets finalized as Nonsample do not need to have a Noninterview Form completed.



	LL					
Patrick Control of Con	CONTINUE O	N A SUPPLE	MENTAL CALI	RECORD IF	NECESSARY	